Please use this form to request a period of Parental Leave. You are advised to read the [Parental Leave (Unpaid) Procedure](http://www.abdn.ac.uk/staffnet/documents/policy-zone-family-friendly/Parental_Leave__June_2015.pdf) before completing this form.

This Parental Leave Application Form must be submitted **21 days** prior to the start of your Parental Leave.

Please send this form to Human Resources – Employment Services Centre: [HRESC@abdn.ac.uk](mailto:HRESC@abdn.ac.uk)

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| **Section A PERSONAL DETAILS (to be completed in block capitals)** | |
| **Employee ID Number:** | |
| **Continuous Service Date:** | |
| **Title:**       **First Name(s):**       **Last Name:** | |
| **Date of Birth:**       **National Insurance Number:** | |
| **Address:**    **Post Code:**  **Contact Telephone Number:**       **Email:** | |
| **Date of Birth of Child:** | |
| **Post Title:** | |
| **Source of funding:** External Core | |
| **Name of Line Manager:** Title:       First Name:       Last Name: | |
| **Line Manager Post Title:** | |
| **School:** Choose an item | **Section:** Choose an item |

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| **Section B MANAGEMENT RESPONSIBILITIES** |
| **Are you a line manager?**  NO  YES  **If YES, who do you line manage?**   1. Name of Employee   Post Title:   1. Name of Employee   Post Title:   1. Name of Employee   Post Title:   1. Other Employees |

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| **Section C KEY DATES** | |
| **Start Date of Parental Leave** | Date: Click here to enter a date |
| **End Date of Parental Leave** | Date: Click here to enter a date |
| The total amount available is 18 weeks of unpaid leave if you have a child under 18. Leave must be taken in a block of 5 working days (a working week), with a maximum of 4 working weeks being taken each year. | |
| **Total Number of Weeks’ Parental Leave Available** |  |
| **Number of Weeks’ Parental Leave You Intend to Take** |  |
| **Number of Weeks’ Parental Leave You Have Taken** |  |

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| **Section D EMPLOYEE DECLARATION** |
| I have read the University of Aberdeen’s Parental Leave Procedure and understand my entitlement. I accept the conditions under which these provisions are granted.  **Signed:**       **Date:** Click here to enter a date |

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| **Section E LINE MANAGER DECLARATION** |
| I confirm that I have approved the period of Parental Leave detailed above.  **Signed:**       **Date:** Click here to enter a date  **or**  I confirm that I have postponed the period of Parental Leave detailed above.  **Signed:**       **Date:** Click here to enter a date |